

| Volume 6 | Number 1 | Winter 2008 |

DAKOTA NURSE

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**Caring for Those Who
Cared to Serve**

**Licensure Fees:
Where Does the Money Go?**

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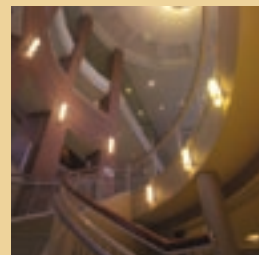
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C O N N E C T I O N



8
10
24
26

**Caring for Those Who Cared to Serve:
Medical Foster Home Program Offers
a Long-Term Care Option**

**Seeking Applications for LPN At-Large
Governance Council Member**

Licensure Fees: Where Does the Money Go?

**How Many Nurses Does It Take
To Develop the NCLEX-RN®
Examination?**

SOUTH DAKOTA HIGHLIGHTS

- 4** Message from the Executive Director
- 12** National Nurse Anesthetists Week
January 20-26, 2008.
- 12** Item Writer for the National Council of State
Boards of Nursing Licensure Examination
- 12** RN Employment Opportunity
Nursing Program Specialist, Licensure
Enforcement and Discipline
- 14** Discipline Actions Issued by South Dakota
Board of Nurses

NORTH DAKOTA HIGHLIGHTS

- 5** Message from the Executive Director
- 22** North Dakota Organization of Nurse
Executives
- 23** Evanson Re-Elected Vice President
For International Nursing Organization
- 24** How Do I Answer The Criminal History
Question On My Application?
- 28** Executive Summary

Dakota Nursing Connection circulation includes over 26,000 licensed nurses and student nurses in North and South Dakota.

The *Dakota Nurse Connection* is published by the South Dakota and North Dakota Boards of Nursing. Direct *Dakota Nurse Connection* questions or comments to:
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www.thinkaboutitnursing.com

Message from the Executive Director

Happy New Year Everyone! It's that time of year when we all look back at the accomplishments and activities of 2007 as we look forward to the promise of a bright and prosperous 2008. The Board of Nursing would like to take this opportunity to wish each and every one of our licensees and readers a New Year filled with health, happiness and peace of mind. We would also like to say thank you for your extraordinary efforts in providing for the health care needs of South Dakota citizens. Your hard work may not always be recognized formally but seldom does it go unnoticed. I would like to share a few of the events of the past year that will have an influence on the regulatory activities that will occur in 2008.

The **Nurse Licensure Compact** is alive and well throughout the country. Gloria Damgaard was reelected as the Chair of the Nurse Licensure Compact Administrators organization for the next two years. One of the most recent states to implement the compact was Colorado, in October of 2007, becoming the 22nd state to join. Rhode Island will be the 23rd state to join with an implementation date set in 2008. Legislation is pending in several other states. Three states, Utah, Texas and Iowa have implemented the Advanced Practice Nurse Compact but have not yet implemented. The nurse licensure compact administrators meet on a monthly basis to ensure that the day-to-day operations of the compact are implemented uniformly.

The **administration of medication by unlicensed personnel** known as medication assistants is an issue under study by the South Dakota Board of Nursing. A model medication aide curriculum and competence assessment plan was adopted by the National Council of State Boards of Nursing at their 2007 Delegate Assembly. The goal of a model curriculum is to allow for uniformity in the education of medication assistants across the country. The board reviewed a research study published in *Clinical Nursing Research*, February 2007, on the impact of various levels of credentialing among nursing home staff who deliver medications (RNs, LPNs and Medication Assistants) on medication error rates. This study also looked at the impact of distractions and interruptions related to medication errors. The findings suggested that there were no significant differences in the error rates by level of credential. It was reported that RNs had more interruptions during their medication administration duties which were associated with increased errors. The Board will continue to study this issue to determine the appropriate use and safety of unlicensed personnel in the delivery of medications. We are grateful to have an evidence base for these decisions.

Continued competence is a current issue that relates to assuring the public that post entry-level nurses remain competent. It is an issue that is being studied across the nation. Consumer organizations are posing questions to licensing boards regarding the measurement of continued competence of the nursing workforce. They are advocating for a process that will objectively measure competence among post entry-level health care professionals. South Dakota has an active practice requirement that we utilize to help ensure the public that our workforce remains competent. The NCSBN conducted a LPN and RN Continued Competence Practice Analysis to describe post-entry level practice to determine if there is a core set of activity statements that can be used to access core competencies regardless of practice setting, specialty area and years of experience. A survey was completed of 20,000 RNs across the country with a 24.5% return rate. The results revealed that core activities exist across all nursing specialties and that there is a core of knowledge and skills required of all practicing nurses regardless of their specialty. The core categories

identified for RNs included: clinical judgment in the provision of care, professional responsibilities, communication, and inter/intra disciplinary collaboration, supervision/management and safety. As a board we will continue to monitor the research that is done at the national level regarding this issue prior to making any changes in the way we measure continued competence.

The **transition of new graduates into the workforce** is another area being evaluated. In March of 2007, the findings of a research study on the transition of new nurses into the workforce were released by NCSBN. The findings of this study suggest that during the first three months of practice, new nurses who had primary preceptors practiced at higher levels of competency. During the three to six month period of practice, when new nurses practiced more independently and without the assistance of preceptors, they practiced less competently. A significant relationship was found between decreased competence and the number of practice errors. There was also a significant relationship between the number of practice errors and the amount of stress reported by the new graduates. A link was reported between formal transition programs for new nurses and decreased stress. Perceived stress began to decrease after nine to 12 months in practice for all nurses, and clinical competence ratings improved. The Board of Nursing will continue to study this issue over the coming year.

The **nursing workforce** in South Dakota remains strong with just under 12,000 licensed RNs, 2,206 LPNs, and almost 800 advanced practice nurses. Ninety-three (93%) of the nursing workforce in South Dakota in 2007, was employed either full or part time in nursing. The highest educational preparation for RNs in South Dakota is 37% associate degree prepared and 32% baccalaureate prepared. There are 14 approved nursing education programs in the state of South Dakota. There are four associate degree programs, five baccalaureate degree programs and five practical nursing programs. The public higher education programs produce two thirds of the new nurses in the state with the private schools preparing the remaining one third. The South Dakota Center for Nursing Workforce guided by a Governing Council is committed to the center's mission of preparing a nursing workforce capable of meeting the needs of South Dakota citizens.

Anticipated legislation for the 2008 session includes a statute that would allow certified nurse midwives who provide homebirth services in accordance with guidelines approved by the Board of Nursing and the Board of Medical and Osteopathic Examiners to seek a waiver of the collaborative agreement. This legislation is a joint effort by the boards to provide a qualified provider for those citizens who choose to birth at home. Another bill that we will be following relates to the care of diabetic children in the school systems. It seeks an exemption to the nurse practice act to authorize the administration of insulin by unlicensed trained personnel in the school system. We are also anticipating that mandatory reporting of drug diversion will be an issue of concern brought to the legislature either in the 2008 or 2009 legislative session.

These are but a few of the issues that are facing the South Dakota Board of Nursing and regulators across the country as well. We will keep you informed on the progress of these issues via the *Dakota Nurse Connection* during 2008. Please feel free to contact the Board of nursing staff if you are interested in more information on the issues that I have addressed. Once again, best wishes for the New Year.

Sincerely,

Gloria Damgaard, Executive Director



Message from the Executive Director

NORTH DAKOTA NURSES HAVE MUCH TO BE PROUD OF IN THIS STATE

Holiday Greetings from the Board of Nursing! As we begin 2008, I wish to recognize the accomplishments of the Board during 2007. Several very important events occurred which will directly influence the work of this year's Board. Some of these accomplishments include the following:

- The current North Dakota Administrative Code rule promulgation in response to the passage of changes to the North Dakota Nurse Practices Act. The Nurse Practice Committee, Board and staff have been working to put forward a productive set of rules. You will see changes in issuance of a limited license, license by endorsement, consumer directed care and Criminal History Record Checks.

- Full implementation of online renewal for all licensees. The nurses were given a number of options for payment, which were used with great success. Graduates of the nursing programs applying for the NCLEX® Licensing Examination are able to complete the process online along with all licenses by endorsement.

- Nurse Licensure Compact now has 23 states in the compact. We look forward to our surrounding states entering into the compact.

- Statewide distribution of the Dakota Nurse Connection, a

newsletter published in conjunction with the South Dakota Board of Nursing. This publication goes to all licensed nurses, nursing programs, employers and legislators in this state.

- Nursing Needs Study has been functional for five years. A summary is available in this issue and on the website.
- The Board held the Third Annual Regulatory Day with 170 attendees.
- The Board issued a practice statement entitled Aesthetic Cosmetic & Dermatological procedures by licensed nurses.
- Board Staff- Linda Shanta attained a Ph.D. this past August; Kalanek & Bitz were inducted as Fellows into the Institute of Regulatory Excellence.

I would like to thank the 2007-2008 Board Members and Staff for their thoughtful manner in working toward their vision to achieve public safety in nursing in North Dakota. Board decisions are based on patient safety- that is what the job of nursing regulation is all about.

Constance B. Kalanek, Ph.D., RN, FRE
Executive Director

**MISSION STATEMENT**

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with **SDCL 36-9** and **SDCL 36-9A**.

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Upcoming Board Nursing Meetings

January 29-30, 2008

***January 14, 2008**

April 10-11, 2008

***March 27, 2008**

June 19-20, 2008

***June 5, 2008**

September 9-10, 2008

***August 26, 2008**

November 6-7, 2008

***October 23, 2008**

*Deadline for submission of agenda items and materials.

All licensure forms, the Nurse Practice Act and contact information is available on the South Dakota Board of Nursing Website at www.nursing.sd.gov

Board Staff Directory

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(605) 362-3525

On-Line License Renewal & Verification**Renewal: ***

Log on to the South Dakota Board of Nursing Web site, www.nursing.sd.gov, then.

- Select Online License Renewal.
- If you are a first time user, you must register. To do so, provide a "user name" and create a password for yourself. *Please remember, when you return to the Online License Renewal page for future use, you will be asked to enter your "user name" and password. As such, keep your log in information and secure it in a safe place.*
- Once logged on, you will be able to select the option to renew your license. Enter all information as requested.
- Payment must be made with a Visa or MasterCard. All other payment options will require you to mail in your renewal application.
- After you have successfully renewed online, your renewal card will be mailed to you.
*Individuals with previous disciplinary actions or criminal convictions must mail renewal application and fee to the Board Office.

License Verification

Licensure status for all nursing professions and the certification status for Certified Nurse Aides can be verified online, www.nursing.sd.gov, and then select Online Verification. A verification search may be done using license number or name. The verification report generated is considered a South Dakota Board of Nursing document and primary source verification.

Criminal Background Checks Required for RN and LPN Applicants

Criminal background checks must be submitted to the SD Board of Nursing with all new applications for nurse licensure by examination or endorsement. Fingerprint materials will be mailed to you upon request. Contact the Board of Nursing office at (605) 362-2760 or send your request to Lois.Steensma@state.sd.us. Completed fingerprint cards must be accompanied with a fee of \$39.25 made payable to South Dakota Division of Criminal Investigation (DCI). Delayed processing of your criminal background check will result in the delay of processing your application.

South Dakota Board of Nursing Meeting Highlights

September 11-12, 2007

November 1-2, 2007

Advanced Practice

- Motion that June Larson, Deb Soholt, and Kristine O'Connell be the South Dakota Board of Nursing members for the subcommittee examining the Certified Nurse Midwife issue
- Re-approved appointments for Kathy Zambo, CNP, and Teresa VanderStouwe, CNM, to second three-year terms to expire in September 2010 Education
- Accept the clinical enrichment reports and approve continuation of the clinical enrichment programs for:
 1. Avera McKennan Hospital & University Center
 2. South Dakota Human Services Center
 3. Rapid City Regional Hospital
 4. St. Michael's Hospital Avera
- Accept evaluation of the Sanford Health USF Medical Center Clinical Enrichment Program and grant approval for 2008 with modifications specified in report
- Explore implementation of a Medication Assistant-Certified Model Curriculum and the development of a registry Discipline
- Approved Consent Agenda with removal of two items Health Professionals Assistance Program
- Waive participation fee for individuals enrolled in the South Dakota Health Professionals Assistance Program services

Other Actions

- Approval of Minutes and Agenda approved as presented for September 11-12, 2007, and November 1-2, 2007
 - Approval of written financial report as presented
 - Approval of Loan Program Report
 - Approved Board Meeting dates for 2008
 - January 29-30, 2008
 - April 10-11, 2008
 - June 19-20, 2008
 - September 9-10, 2008
 - November 6-7, 2008
 - South Dakota Workforce Center
 - Moved that the South Dakota Board of Nursing reconfigure the South Dakota Board of Nursing Center for Nursing Workforce Governance Council Structure:
 1. To change the SDLPNA member to Elected At-Large LPN Coalition Member
 2. To expand the Elected At-Large Nursing Leadership Coalition Member to two positions
- Note: Board Meeting minutes are available on our Web site at www.nursing.sd.gov.*
- 4305 S. Louise Ave., Suite 201 • Sioux Falls, SD
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DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

November 1-2, 2007

Sheri S. Mathis Accept Voluntary SurrenderP009725	Suzanne R. Lyman Deny Reinstatement.....R027317	Elizabeth R. Lestenkof Summary SuspensionR023245
Shelly R. Grosshuesch Continue SuspensionP009132	Susan M. (Wellford) Camden Reinstatement of single-state license....R026577	Ann M. Mechtenberg Summary SuspensionR028205
Susan E. Palombo Suspension.....P009900	Deanna M. Butler Deny Request to Rescind Letter of Reprimand.....R0151408	Shanna A. Shannon Summary SuspensionP009176
Robyn R. Emery Reinstatement.....P007501	Eunice R. Hollow Horn Accept Voluntary SurrenderR028233	Elizabeth M. Soholt Summary SuspensionR034121
Kathleen K. Harvard Reinstatement.....R025003		Donna M. Voetberg Summary SuspensionR025010

The Health Professionals Assistance Program, A Multidisciplinary Diversion Program for Chemically Impaired Health Professionals, provides a **non-disciplinary** option for impaired health professionals who recognize their illness of **Chemical Dependency** and the need for continuing care and/or practice limitations. The program is **confidential** and professionally staffed to monitor the treatment and continuing care of health professionals who may be unable to practice with reasonable skill and safety, if their illness is not appropriately managed. Call Maria Eining, MA, LPC, CDC III, Program Director at (605) 310-2426 or 605-362-3540 for more information.

By Jen Lacey, RN, BSN, Medical Foster Home

Caring for Those Who Cared to Serve: Medical Foster Home Program Offers a Long-Term Care Option

As our population ages, there is becoming a great demand for long-term care options in our communities. According to the U.S. Bureau of Census, the population aged 65 and over is expected to grow by 75 percent to over 69 million between the years 2010-2030. The number of people aged 85 and over, referred to as the oldest old, is increasing as a result of this. Due to this population progression, the number of persons who will be unable to care for themselves, needing assistance or long-term care, will be drastically increasing.

The Veteran's Health Administration (VHA) has recognized that just as the general population of elderly is increasing, the number of elderly veterans is also increasing. According to the VA Office of Policy and Planning, the current projected number of U.S. Veterans is 23,977,000. Of these, 38.4 percent are aged 65 years and older. In order to provide long-term care options for these veterans, the Medical Foster Home Program is being implemented in various VA Medical Center sites across the United States. When people think of elder care or long-term care, they most commonly think of an institution type setting such as a nursing home or an assisted living center. The Medical Foster Home Program offers a safe, long-term home environment for veterans when they are unable to remain in their own homes due to health and safety issues.



The Medical Foster Home is a unique alternative for our aging veterans and may in the near future become utilized by younger veterans who have medical needs and are unable to live alone. The program offers a long-term care alternative for veterans who prefer a home-like setting. This program offers a safe, permanent home for our veterans and is a way to show appreciation to veterans who have served our country.

Additionally, it gives persons with an interest in care giving to work in their own homes. Individuals who are interested in being a caregiver for a veteran go through a series of interviews, background checks, and home inspections to become a Medical Foster Home. These homes will concurrently become licensed State Adult Foster Homes to remain in compliance with states laws and regulations. Once they have completed this process, the Medical Foster Home Coordinator will begin offering the Medical Foster Home as an option to veterans who are looking for long-term care. The Medical Foster Home staff makes unannounced visits to the home to help ensure the safety of the veteran.

The veteran and his/her family ultimately choose where the veteran will reside, given all options available. The benefits of the Medical Foster Home include keeping the veteran in a home environment while ensuring adequate social and medical support, personalized and customized care to meet individual needs, and it can be more economical, especially for those non-services connected veter-



ans who are on a limited income. The veterans will be provided with assistance as needed in their activities of daily living, such as bathing, grooming, meals, and medication supervision. Many of the veterans, who are already utilizing this program in other sites such as Arkansas and Florida, appreciate the extra attention and care they receive in their Medical Foster Home as compared to the institution type setting. The veterans are also provided care from the VHA's Home Based Primary Care team, which is a multi-disciplinary team consisting of a provider, pharmacist, registered nurse, physical therapist, dietician and social worker who help maintain the necessary health care the veteran needs. Members of this team make home visits and meet regularly to provide case management for the veteran.

The Medical Foster Home program is currently seeking caregivers who are interested in caring for veterans in their homes by providing 24 hour supervision, as well as necessary personal assistance. Experience in healthcare is helpful, but is not required. Training for the caregivers will be provided. Caregivers who live within one hour of the Sioux Falls

area will be considered at this time. The expectation is that this is a long-term commitment for the caregiver, where the veteran may live for the remainder of his or her life. The amount of care the veteran needs will help determine the monthly rate of the Medical Foster Home. The Medical Foster Home Coordinator for the Sioux Falls VA Medical Center is Kris Breitag, MSW. She can be reached by calling 605-333-6861 and is available to answer any questions for those who are interested in the program.

The Medical Foster Home program is one way the Veteran's Health Administration is meeting the increasing demand for long-term care services as our population needs change. The Medical Foster Home program provides safe, personal care while keeping the veteran in the preferred home/family setting. It maintains the quality of life that is well deserved to those who have served our country.

Sources: http://www.aoa.gov/prof/Statistics/future_growth/aging21/demography.asp

http://1.va.gov/vetdata/docs/4x6_summer07_sharepoint.pdf



Deanna, RN,
BA, CCRN, CPAN

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RN Employment Opportunity

Nursing Program Specialist, Licensure Enforcement and Discipline

The South Dakota Board of Nursing is seeking a registered nurse interested in pursuing full-time employment in the field of nursing regulation and licensure enforcement. This position offers a qualified applicant the opportunity to be involved with a team of nurses who implement the policies of the South Dakota Board of Nursing for the purpose of public protection. The Nursing Program Specialist will work with all aspects of the disciplinary functions of the Board of Nursing and licensure enforcement issues related to the practice of nursing in South Dakota. The successful candidate will be expected to complete national certified investigator training. This position provides leadership and

support to the public, licensees and employers of nursing. Excellent communication skills are a must for the successful candidate. A bachelor's degree in nursing is required, and a Masters degree is preferred. An active South Dakota nursing license or privilege to practice is required. Experience with interviewing, investigations and compliance monitoring is preferred but not a requirement. Interested applicants may contact Gloria Damgaard, Executive Director, South Dakota Board of Nursing, at 605-362-2760 or e-mail gloria.damgaard@state.sd.us for additional information on application procedures. Compensation is based on qualifications and experience.

Seeking Applications for LPN At-Large Governance Council Member

LPNs interested in addressing nursing workforce needs for South Dakota's citizens send in an application for consideration for the open LPN At-Large member position on the South Dakota Center for Nursing Governance Council.

The Center for Nursing Workforce was initially funded through a grant from the Robert Wood Johnson Foundation from 1996 through 2002 and was known as the South Dakota Colleagues in Caring Project. At the completion of the grant, state legislation was enacted in the Nurse Practice Act, creating the Nursing Workforce Center and a source for funding. The South Dakota Board of Nursing is the lead agency for the Center for Nursing Workforce.

Members of the Center for Nursing Workforce Governance Council provide guidance and strategic direction to the Center for Nursing Workforce. Selected members serve three-year terms with eligibility for reappointment to no more than three consecutive terms. Members are expected to attend four meetings per year to conduct business; the meetings are held at the South Dakota Board of Nursing office in Sioux Falls. Responsibilities of members include:

- Planning, formulating, and determining the overall direction for the Center for Nursing Workforce.
- Assisting in implementation of the major functions.
- Establishing committees for the Center for Nursing Workforce to achieve the mission and legislative mandates.
- Evaluating the effectiveness of state initiatives implemented to address nursing workforce capacities and requirements, and
- Representing the CNW as needed.

Governance Council membership is composed of twelve actively practicing nurses representing the following nursing organizations and at-large members:

Three South Dakota Board of Nursing members:	<ul style="list-style-type: none"> • <i>Diana Berkland, RN, MS, CNS</i> • <i>Doris Dufault, LPN</i> • <i>Deb Soholt, RN, MS</i>
One South Dakota Nurses Association (SDNA) member:	<ul style="list-style-type: none"> • <i>Lani White, RN, MS</i>
One Nursing Education Deans & Directors (NEDDs) member:	<ul style="list-style-type: none"> • <i>Roberta Olson, RN, Ph.D.</i>
One South Dakota Organization of Nurse Executives (SDONE) member:	<ul style="list-style-type: none"> • <i>Carla Borchardt, RN, MA</i>
One Nursing Leadership Coalition – Chair:	<ul style="list-style-type: none"> • <i>Darcy Sherman Justice, RN, MS, BC</i>
Two South Dakota Nursing Leadership Coalition At-Large Members:	<ul style="list-style-type: none"> • <i>Member TBA</i> • <i>Member TBA</i>
One LPN At-Large Member:	<ul style="list-style-type: none"> • <i>Open position</i>
SD Board of Nursing Executive Director:	<ul style="list-style-type: none"> • <i>Gloria Damgaard, RN, MS</i>
SD Center for Nursing Workforce Program Director:	<ul style="list-style-type: none"> • <i>Linda Young, RN, MS</i>

This is a very exciting time to get involved in the South Dakota Center for Nursing Workforce; we have lots to do in the weeks, months, and years ahead to proactively prepare to meet the demands of SD's citizens to ensure our state continues to have a nursing workforce prepared to meet SD Citizens changing health needs. *If you hold a valid, unencumbered South Dakota LPN license and are actively practicing as an LPN, consider applying!*

South Dakota Center for Nursing Workforce Governance Council LPN At-Large Member Application

Complete the following information below; send completed form, a copy of your resume or vitae, and other additional supporting documentation desired, to Linda Young, RN, MS, BC, at the South Dakota Board of Nursing office by Friday, **February 15, 2008**.

Name: _____

Address: _____

E-mail: _____ Telephone: _____

1. Explain your interest in serving on the Governance Council.

2. Describe your background education/experience in nursing.

3. Can you commit to serve a three-year term and to meet four times per year in Sioux Falls?

Applicants will be notified following February 29, 2008. Contact Linda Young at the South Dakota Board of Nursing for more information, 605-362-2760 or Linda.Young@state.sd.us.

National Nurse Anesthetists Week January 20-26, 2008.

We at the South Dakota Anesthesia Nurse Association (SDANA) would like to remind you that your CRNAs have a long standing commitment to high standards of care in a demanding field of nursing. As advanced practice nurses, CRNAs practice with a high degree of autonomy and professional respect. Over 30,000 CRNAs administer approximately 65 percent of all anesthetics given to patients each year in the United States.

CRNAs are the sole anesthesia providers in approximately two-thirds of all rural hospitals in the United States. In some states such as South Dakota, CRNAs are the sole providers in nearly all rural hospitals.

The SDANA Leadership for 2007-2008 are Paul Benninga, President; Jon Weber, Board of Directors (BOD); Doug Welty, Treasurer; Robert Bryant,



They are r-l back row: Paul Benninga, Jon Weber, Doug Welty, Robert Bryant, and Randy Downey. Front l-r, Karen Bordewyk, Katie Klein (student rep), Jodi Bartell, and Kayla Genrich (student rep).

President Elect; Randy Downey, BOD; Karen Bordewyk, BOD; Katie Klein, student rep; Jodi Bartell, BOD; Kayla Genrich, student rep.

Item Writer for the National Council of State Boards of Nursing Licensure Examination

Dr. Jo A. Voss was selected as an Item Writer for the National Council of State Boards of Nursing Licensure Examination (NCLEX). NCSBN, headquartered in Chicago, is responsible for developing and administering the NCLEX-RN® and NCLEX-PN® licensing exams. Dr. Voss, Associate Professor at South Dakota State University in Rapid City, was approved by the South Dakota Board of Nursing and selected by NCSBN to participate on the NCLEX® item development panel of subject matter experts that was held in Chicago, IL, on July 24-27, 2007. She was one of 15 nurses from across the nation to be selected for this assignment and was nominated on the basis of clinical specialty and nursing expertise.

Dr. Voss has practiced as a registered nurse (RN) for over 25 years in a variety of settings (however, most of her experience is in critical care nursing), and she has been teaching at SDSU College of Nursing for the past twelve years. In



addition to her teaching responsibilities, her research interests include complementary therapies (such as music to reduce anxiety and pain in critical care patients) and nursing education issues (i.e., test taking strategies, use of PDAs, medication calculation). She received her bachelor of science degree from Winona State University, Winona, MN, in 1980, her master of science degree from the University of Minnesota, Minneapolis, MN, in 1993, and a Ph.D. from University of Nebraska Medical Center, Omaha, NE, in 2003.

Although this was the first time that Dr. Voss has served on an item writing panel, she plans to return to Chicago to repeat this assignment in the near future. The NCSBN staff was friendly and helpful, and the networking opportunity with other nurses and educators was a valuable learning experience. Nurses interested in contributing to the profession through volunteering to serve on NCLEX® item development panels should apply by completing the application online at www.ncsbn.org.



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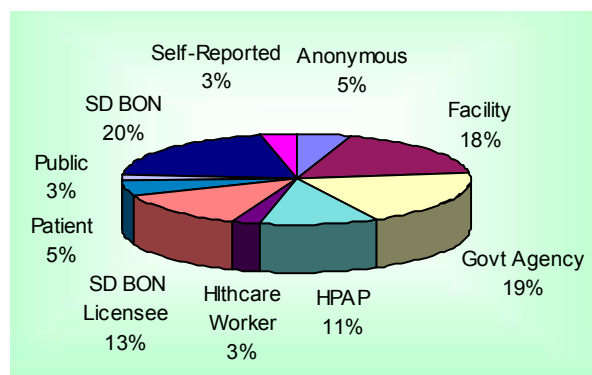
DISCIPLINE ACTIONS ISSUED BY SOUTH DAKOTA BOARD OF NURSING

Winora Robles, SD Board of Nursing Staff

The Mission of the South Dakota Board of Nursing is to safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with SDCL 36-9 and SDCL 36-9A.

A *Complainant* is anyone who believes that a nurse has committed any violation(s) and contacts the Board of Nursing to report that complaint. The complainant is asked to include the name of the nurse, the nature of the complaint, and other information that would assist in a Board investigation, including dates, specific activities or practices of concern, witness names, etc. The complainant may choose to remain anonymous; to the extent allowed by law, the Board will maintain the confidentiality of the complainant. Contact information is requested; the complainant is contacted to acknowledge that the complaint was received. Information obtained during the Board's investigation remains confidential except where admitted into evidence at a formal disciplinary hearing. The complainant will be informed of final Board actions.

**SOURCES OF COMPLAINTS RECEIVED
JULY 2006-JUNE 2007**



Board staff investigate all of the complaints received by South Dakota Board of Nursing. If the complaint is not within the Board's jurisdiction, as when a complaint is brought against a facility (such a complaint should be reported to the South Dakota Department of Health and/or to a law enforcement agency), or against a Certified Nurse Assistant, (complaints regarding CNA practice should be reported to the South Dakota Department of Health), or if the complaint is judged to be frivolous or unfounded, a Board Staff Dismissal will result. South Dakota Board of Nursing has jurisdiction over all licenses that it issues, and those that it is asked to issue for those individuals who apply for new nurse licensure by NCLEX® examination or by endorsement from another state or jurisdiction.

The Respondent, the individual against whom the complaint has been made, is always afforded full due process rights by the South Dakota Board of Nursing staff and Board. An informal meeting with the respondent and Board staff in attendance may be held to discuss the complaint; attorneys may or may not be involved. An informal settlement may be reached; the respondent always has the right to choose a full formal hearing.

The Board Discipline Committee is informed of the results of all investigations involving cases deemed jurisdictional and warranting further scrutiny. The Discipline Committee, a subcommittee of the full Board, consists of five Board members. Recommendations made by that Committee concerning disciplinary or non-disciplinary action are brought before the full Board of Directors.

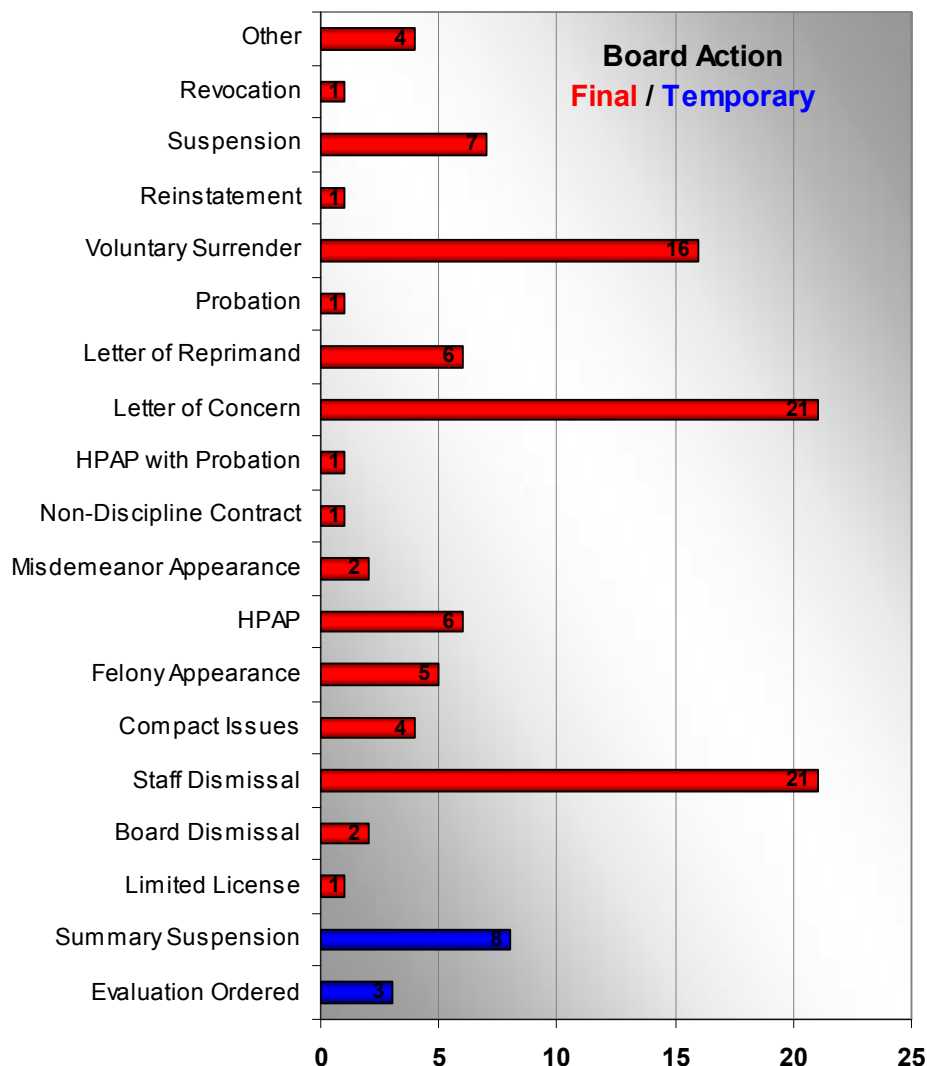
The Board of Directors of the South Dakota Board of Nursing considers the recommendations of the Discipline Committee, normally at the next regularly scheduled Board meeting; should there be a risk of imminent harm to the public, an emergency meeting of the Board may be called to consider immediate action. The full Board will decide on appropriate action, which may be anything from Dismissal to Revocation.



Board Actions include:

- Dismissal of Complaint (Non-Disciplinary Action)
- Letter of Concern (Non-Disciplinary Action)
- Letter of Reprimand
- Probation Ordered; Closure, Early Closure, or Modification of Probation Granted or Denied
- Revoke or Suspend the License
- Reinstatement of License Granted or Denied
- Health Professionals Assistance Program (HPAP) Participation Mandated; Closure, Early Closure, or Modification of HPAP Participation Granted or Denied (Non-Disciplinary Action)

Final Board Actions involving discipline, (not Dismissals, Letters of Concern, or HPAP participation), are published in *Dakota Nurse Connection* magazine, and on the South Dakota Board of Nursing and Nursys® websites. This information is also furnished to the Attorney General's Office.

BOARD ACTIONS ISSUED JULY 2006-JUNE 2007

More information concerning how to submit a complaint is available on the South Dakota Board of Nursing website.

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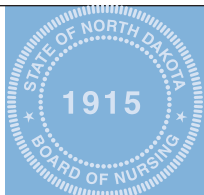
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North Dakota Board of Nursing 2008 Meeting Dates

UPCOMING BOARD MEETING DATES**March 20 & 21****May 15 & 16**

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*North Dakota Board of Nursing Annual Report
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Sally Bohmbach, Administrative Assistant	bohmbach@ndbon.org
Gail Rossman, Technology Specialist	rossman@ndbon.org

CRIMINAL HISTORY RECORD CHECKS

All applications for initial licensure/registration will be required to complete a criminal history record check beginning July 1, 2008.

List of initial applications:

- RN/LPN License By Examination
- RN/LPN/APRN/SPRN License By Endorsement
- Unlicensed Assistive Person
- Medication Assistant

BOARD HIGHLIGHTS

SEPTEMBER 2007

- Board accepted the update on unqualified faculty from Concordia College that provides evidence that Concordia College meets or exceeds the requirement in section 54-03.2-04-04 baccalaureate or graduate nurse program faculty qualifications.
- Accepted the staff recommendation that UND College of Nursing program has submitted curricular revisions that are in full compliance with NDAC 54-03.2-06.02 programmatic changes for the gerontology program, which meets the requirements for a graduate degree with a nursing focus as preparation for advanced practice licensure as an NP or CNS.
- Tabled the request from UND College of Nursing for recognition of the public health clinical nurse specialist examination for APRN licensure until more data is available.
- Approved the UND College of Nursing program curricular revisions that are in full compliance with NDAC 54-03.2-06-02 programmatic changes: for the curriculum for the associate degree RN to MSN entry meets the requirements for a graduate degree with a nursing focus as preparation for advanced practice licensure.
- Accepted the staff recommendation that Sitting Bull College nursing program evaluation plan meets the requirements of 54-03.2-07-09. Continuing compliance and request the program to report on the progress of the evaluation plan in the 2007-2008 annual report.
- Approved 5.0 contact hours for Regulatory Day 2007.
- Ratified approval of the workshops for contact hours submitted to the ND Board of Nursing, which includes courses #630 through #639.
- Denied approval of the Dawn Fredrick's nurse faculty intern applicant due to not meeting the practice requirements in NFI pilot study policy.

- Ratified approval of the following nurse faculty interns:

Jana Zwilling, UND
Brent Kaiser, UND
Karen Johnson, UND
Allison Giffey, UND
Erik Watson, UND
Christine Lauzon, UND
Stacie Olson, UND
Debra Evanson, UND
Jody Ralph, UND
Patty Johnson, LRSC

- Accepted that the completion of the Pima County Community College District RN refresher course meets the requirements for section 54-02-05-05. Non-practicing nurses and board guidelines for reactivation of Debra Leingang's RN license.
- Approved Erik Heupel's registration for surgical scrub technician.
- Denied Karen Mosser's registration for surgical scrub technician due to lack of formal training program for surgical technician training.
- Approved the appointments of Stacey Pfenning and Gail Mallow to the Nurse Practice Committee for 2007-2009.
- Adopted the Nurse Practice Committee recommendation to adopt the practice statement entitled Aesthetic Cosmetic & Dermatological procedures by licensed nurses.
- Adopted the Nurse Practice Committee recommendation that punch biopsies are not within the scope of practice of ND RNs or LPNs.
- Ratified prescriptive authority for the following:
Susan Bernal, RN, FNP, Grafton
Corrie Rogness, RN, FNP, Beulah
Shelby Kary, RN, FNP, Fargo
Kaili Jacobson, RN, FNP, Fargo
Brenda Rick, RN, FNP, Fargo
Donna Desjardins, RN, FNP, Kenmare
Heidi Bender, RN, FNP, Minot
Shannon Roth, RN, FNP, Fargo
Terry Breidenbach, RN, FNP, Fargo
Charlotte Ferrell, RN, FNP, Williston

Roni Sperle, RN, FNP, Grand Forks

- Approved the reappointment of Patricia Dardis to the prescriptive authority committee.
- Support a rule revision by the ND Department of Human Services to allow nurse practitioners to act as primary care providers for Medicaid recipients based on section 54-05-03.1-03.2 Scope of Practice as an Advanced Practice Registered Nurse.

NOVEMBER 2007

- Approved the 2006-2007 annual report as amended and accepted the 2006-2007 audit report as distributed.
- Accepted the fiscal year 2006-2007 nursing education annual report.
- Approved the course changes for the Dakota Nursing Practical Nurse Program according to NDAC 54-03.2-06-02 Programmatic Changes. Curricular changes were implemented FY 2006-2007.
- According to the Annual Nursing Education Report of FY 2006-2007, the Dakota Nursing AAS Program did not meet the requirements for notification of major programmatic changes prior to implementation according to NDAC 54-03.2-06-02 Programmatic Changes and directed the program to submit additional information related to the changes in the Dakota Nursing AAS Program for action in January 2008.
- According to the Annual Nursing Education Report of FY 2006-2007, UND College of Nursing Baccalaureate Nursing Program did not meet NDAC 54-03.2-04-04 Baccalaureate or Graduate Nursing Program Faculty Qualification and NDAC 54-03.2-04-08 Unqualified Faculty. The program must present evidence of compliance to the board in the next annual report on or before September 1, 2008.
- According to the Annual Nursing Education Report of FY 2006-2007, Jamestown College of Nursing Baccalaureate

BOARD HIGHLIGHTS

Nursing Program did not meet NDAC 54-03.2-04-04 Baccalaureate or Graduate Nursing Program Faculty Qualification and NDAC 54-03.2-04-08 Unqualified Faculty. The program must present evidence of compliance to the board in the next annual report on or before September 1, 2008.

- According to the Annual Nursing Education Report of FY 2006-2007, Dakota Nursing Program Associate of Applied Science Program did not meet NDAC 54-03.2-04-03 Practical or Associate Degree Nursing Program Faculty Qualification and NDAC 54-03.2-04-08 Unqualified Faculty. The program must present evidence of compliance to the board in the next annual report on or before September 1, 2008.
- Grafton Developmental Center Medication Assistant Program II met the requirements for Medication Assistant Program II as set by NDAC 54-07-07, and the board granted continued approval for this course from November 2007 through November 2011.
- ND Dept of Corrections & Rehabilitation Medication Assistant Program I met the requirements for Medication Assistant Program I as set by NDAC Chapter 54-07-06 and granted continued approval for this course from November 2007 through November 2011.
- Approved proposed revisions to the policy "Continuing Education Renewal Requirements RN or LPN License."
- Ratified approval of the workshops for contact hours submitted to the ND Board of Nursing, which includes courses #639 through #643.
- Ratified approval of the following nurse faculty interns:

Lori Slaubaugh, LRSC
Mary Bruun, U of Mary
Julie Vorachek, UND
Erin Gannon-Litton, U of Mary
Ann Mason, UND
Aaron Lindstrom, NDSU
Emily Kulland, NDSU
Jessica Hanzel, NDSU
Mykell Barnalle, NDSU

Barbara Roth, UND
Nichole Chistensen, NDSU
Valerie Jones, UND

- Continue to not recognize reciprocity of nurse licensure through the Minnesota Border States Recognition Law.
- Approved the proposed revisions to the "Requirements for Licensure Renewal – Frequently Asked Questions."
- Directed staff to provide a comparison of the draft procedural sedation and analgesia in the emergency department to the practice statements entitled:
Administration of Anesthetic Agents by the RN; and Role of the Registered Nurse (RN) in the Management of Patients Receiving Sedation/Analgesia for Therapeutic, Diagnostic, or Surgical Procedures.
- Retired the practice statement titled "Use of Laser or Lamp Devices for Hair Removal."
- Directed staff to organize a task force to discuss the development of guidelines for the Registration of Dialysis Technicians according to NDAC 54-05-04-04 Accountability and Responsibility within the Delegation Process.
- Ratified prescriptive authority for the following:
Casey Hoover, RN, FNP, Fargo
Deborah Schmitt, RN, FNP, Williston
Michelle Fulp, RN, FNP, Grand Forks
Gina Cook, RN, FNP, West Fargo

Lacey Steinberger, RN, FNP, Fargo
Suzanne O'Brien, RN, ANP, Grand Forks
Heidi Jo Peterson, RN, FNP, Minot
Susan Lardy, RN, FNP, Bismarck

- Appointed Cheryl Rising, RN, FNP, to the Prescription Drug Monitoring Program Council.
- The board received a grant of \$20,000 for assistance in getting the Criminal History Record Check processing procedures in place. The board also reviewed an updated implementation plan for the criminal background checks.
- Initially adopted for public hearing, the proposed new, additions, revisions and repealed sections to NDAC with additional revisions recommended by the board to:
 - Chapter 54-01-03 Definitions
 - Article 54-02 Nurse Licensure
 - Proposed new chapter 54-02-12 Criminal History Record Checks
 - Article 54-03.2 Standards for Nursing Education Programs
 - Article 54-04.1 Nursing Education Loans
 - Article 54-05 Standards of Practice
 - Article 54-07 Unlicensed Assistive Person
- Discontinued Regulatory Day for 2008 and directed staff to seek other avenues for regulatory education, including the possibility of reinstating Regulatory Day.
- Accepted the proposed revisions to the WIP Drug Screen Testing Policy.

Clinical Nurse Specialist - Psychiatry

MeritCare Medical Group in Fargo, ND has an immediate full-time position for a CNS with prescriptive authority to work in the Psychiatry department. Incumbent will be expected to perform comprehensive psychiatric history and mental status exams on primarily an adult mental health population through geriatrics as well as formulate and initiate a treatment plan based on data collected. CNS must provide ongoing evaluation of client response to treatment plan with revisions of data base, diagnosis and treatment as appropriate, monitoring and adjustment of psychiatric medication, with appropriate physician collaboration. Must be graduate of an accredited CNS program and have successfully completed the certifying exam.

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NORTH DAKOTA ORGANIZATION OF NURSE EXECUTIVES

During the 2007 North Dakota Healthcare Association (NDHA) Annual Convention in Bismarck, ND, the ND Organization of Nurse Executives (NDONE) was awarded the American Hospital Association Political Action Committee (AHAPAC) "Most Valuable PAC Player" for 2007. Accepting the award at the NDHA Annual Awards Luncheon on behalf of the organization was current NDONE President Trina Schilling, RN, BSN, MGMT.



Trina Schilling

AHAPAC was formed in 1978 and has grown to become one of the nation's most influential healthcare political action committees, providing the healthcare field with an optimal degree of visibility with elected officials at the federal level. This group allows healthcare leaders and health systems to join forces with colleagues who share similar concerns, thus maximizing the collective impact of contributions to political campaigns.

NORTH DAKOTA BOARD OF NURSING HOSTED NURSING DELEGATION FROM RUSSIA.

Russian nursing students and educators were the guests of the North Dakota Board of Nursing staff on September 26, 2007. The guests were from Krasnoyarsk State Medical Academy. The Russian delegation was here to learn more about campus courses and patient care during a visit to North Dakota. The delegation requested to work with the North Dakota Board of Nursing in an effort to learn about the regulatory process in the U.S.

The Russian delegation consisted of Krasnoyarsk State Medical Academy professors, students and the chief nurse of the area's Regional Clinical Hospital. Krasnoyarsk is east of Moscow in the center of Siberia. Two Dickinson State University nursing faculty, Dr. MaryAnne Marsh and Terry Klusmann, RN, MS, had visited the region in 2006.

The delegation heard from the staff about the Nurse Practices Act, licensure and disciplinary process, approval of nursing education programs, NCLEX Testing and CE requirements. The delegation spoke and listened through

a translator. They commented on how impressed they were with the presentations made by staff which provided them with many different ideas and potential changes to take back to Krasnoyarsk.

Natalya Fomina, chief nurse at the Regional Clinical Hospital, said she came to learn more about nurses' responsibilities. Like the U.S., Russia has found it a challenge to attract people to the nursing profession. Fomina came on behalf of the regional hospital's chief administrator. The hospital serves the entire Krasnoyarsk region, which has a population of three million.



2007 3RD ANNUAL NDBON NURSING REGULATORY DAY

The North Dakota Board of Nursing hosted its 3rd Annual Nursing Regulatory Day Conference on Wednesday, October 3, 2007, at the Radisson Hotel in Bismarck, ND. The Board of Nursing has sponsored the conference in various locations across the state and hosts the annual event to provide an opportunity for nurses to keep current on regulatory and practice issues.

This year's event began with a welcome and greeting by First Lady Mikey Hoeven. Dr. Mary Wakefield, Associate Dean for Rural Health and Director of the UND Center for Rural Health, Grand Forks, ND, presented the keynote address for the morning as she discussed national perspectives on nursing. Following the national presentation, Dr. Constance Kalanek, Executive Director of the ND Board of Nursing, spoke on emerging issues related to nursing regulation in North Dakota. The last morning session incorporated information from Joan Enderle, Director for Go Red for Women, and the

importance of knowing your numbers and the warning signs of medical emergencies, as well as personal testimonies from nurses who have been on the receiving end of nursing care. Linda Warner, RN, Julie Fennell, RN, and Stephanie Fennell, RN, shared their individual stories from a patient/family perspective.

Terry Fleck of the Institute of Attitude, Bismarck, ND, presented the afternoon keynote session with a motivational presentation entitled "Attitude Virus." The conference concluded with a presentation from Patricia Moulton, Ph.D., who discussed the Nursing Needs Study in North Dakota and the ND Health Care Workforce Pipeline. Dr. Moulton also facilitated a group of panel members through a series of questions related to their specific nursing perspective, including hearing perspectives from the regulatory board (Dr. Constance Kalanek), healthcare system perspective (JoAnn Sund, RN), nursing educational perspective (Dr. Karen Latham), staff nurse (Deb Wald-Weir, RN) and student nurse perspectives (Tamar Wright).

EVANSON RE-ELECTED VICE PRESIDENT FOR INTERNATIONAL NURSING ORGANIZATION

Tracy Evanson, Ph.D., APRN, BC, assistant professor of nursing at the University of North Dakota, has been re-elected to a second term as vice-president of the Nursing Network on Violence Against Women International (NNVAWI) at their most recent conference in London, Ontario, Canada.

The abuse and exploitation of women is a social epidemic which adversely affects the health of millions of women annually. NNVAWI fosters ideal nursing practice to help and support women in the process of achieving their own personal empowerment. "As vice-president, I am pleased to be able to provide leadership in advancing nursing education, research, and practice in violence against women," says Evanson, who teaches in the College of Nursing's Department of Family and Community Nursing. Evanson's research focuses on the role of home-visiting nurses in intimate partner violence prevention and intervention. "My goal in this leadership role is to help unite nurses, regardless of location or practice setting, to understand violence as a health care issue and to become skilled and committed to providing intimate partner violence screening and intervention as a routine part of nursing practice." NNVAWI's international conferences, held approximately every 18 months, bring together academicians and practitioners from all over the world to share cutting edge research, as well as hopeful and successful prevention and intervention programs. Their elected officers and board members now include representatives from the U.S., Canada, New Zealand, and the United Kingdom.

According to the National Organization for Women:

- Annually, 32,000 women report that they have been victims of rape or attempted rape, and more than half of them knew their attackers.
- Annually, 1.2 million women are forcibly raped by their current or former male partners, some more than once.
- Although only 572,000 reports of assault by intimates are officially reported to federal officials each year, the most conservative estimates indicate two to four million women of all races and classes are battered each year. At least 170,000 of those violent incidents are serious enough to require hospitalization, emergency room care or a doctor's attention.

NNVAWI was formed to encourage the development of a nursing practice that focuses on health issues relating to the effects of violence on women's lives. The ultimate goal of NNVAWI is to provide a nursing presence in the struggle to end violence in women's lives. NNVAWI includes membership of nurses and others from countries throughout the world who are committed to research, education, and practice that will end violence against women around the globe. For more information on NNVAWI, visit www.nnvawi.org.

Contact: Becky Cournia, alumni and development coordinator, UND College of Nursing (701) 777-4526 beckycournia@mail.und.edu.

NORTH DAKOTA NURSING NEEDS STUDY

Health personnel shortages can negatively impact health care quality through reduced health care access, increased stress on providers, and the use of under-qualified personnel. Also, shortages can contribute to higher costs by raising compensation levels to attract and retain personnel and by increasing the use of overtime pay and expensive temporary personnel. Workforce shortages, while a problem for the entire health care system, are likely to be most severe for rural/frontier regions and medically needy population groups such as the elderly. North Dakota has 41 designated medically underserved areas, and 81 percent of North Dakota's 53 counties are designated as partial or whole county health professional shortage areas. North Dakota also has the highest proportion of residents aged 85 and older, the age group with the greatest need for healthcare services. In North Dakota, this cohort is predicted to double in size by 2020.

Nurses are an integral part of the health care system, providing nursing services to patients requiring assistance in recovering or maintaining their physical and/or mental health (North Dakota Healthcare Association, 2002). In the United States, nurses comprise the largest group of health care providers. They practice in settings ranging from public health to long-term care. The ability to provide accessible, high quality care depends on the availability of a nursing workforce with the requisite skills and knowledge. Over the past few years, research studies have identified clear relationships between nurse staffing and patient outcomes. For example, lower

nurse staffing in hospitals has been linked to longer hospital stays for patients, as well as a number of complications such as pneumonia (e.g., Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Directly challenging the health care system's ability to provide quality patient care is a growing national and international disparity in nursing workforce supply and demand. North Dakota is not immune to this problem.

The Nursing Needs Study was recommended in 2001 by the North Dakota State Legislature (NDCC Nurse Practices Act 43-12.1-08.2) to address potential shortages in nursing supply. Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. To respond to this request, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences.

This study, initiated in 2002, was designed to obtain an accurate and complete picture of nurses in rural and urban areas of North Dakota, compare North Dakota's trends to national trends, and inform institutional and public policy. The study, currently in its sixth year, is approved to continue until 2012 by the Board of Nursing. This study will continue to provide valuable information about the nursing workforce through a 10-year period of time. All survey instruments and reports are available at <http://ruralhealth.und.edu/projects/nursing/>.

HOW DO I ANSWER THE CRIMINAL HISTORY QUESTION ON MY APPLICATION?

Every individual that applies to the North Dakota Board of Nursing for an initial nursing license or registration to assist in the practice of nursing or a renewal of their license or registration must answer the regulatory questions on the application. In addition, effective July 1, 2008, all individuals seeking initial licensure by examination and endorsement and for initial applicants as unlicensed assistive persons will be required to submit to a criminal background check.

One of the regulatory questions addresses criminal history and asks, “Have you been arrested, charged, or convicted of a crime other than a minor traffic offense?” This means that if you have been arrested, charged, OR convicted of a crime, you need to answer affirmatively to the question, provide a detailed written explanation, submit a copy of corresponding documents, including the judgment from the court, and submit verification that you have followed through with the court requirements.

The Board of Nursing receives numerous calls, e-mails, and questions regarding this process, especially related to drinking and driving offenses. In a nutshell, **ALL** DUIs and alcohol/drug related offenses must be reported to the Board, with the exception of the following: *You may answer “no” to the question if the crime occurred as a minor, has been expunged, or if you have previously disclosed the*

criminal matter otherwise responsive to this question in any prior licensure/registration application to the North Dakota Board of Nursing.

Minor traffic offenses do not need to be reported to the Board of Nursing, as these offenses are not considered criminal offenses. Examples of minor traffic offenses include parking tickets, speeding tickets, failure to stop, driving an uninsured vehicle, disobeying traffic lights, failure to signal, driving with expired plates, violation of noise control ordinance, and seatbelt violations.

Failure to answer the regulatory questions in a truthful manner may be grounds for disciplinary action according to NDCC 43-12.1-14 (4), in that you may be guilty of obtaining or attempting to obtain by fraud or deceit a license or registration to practice nursing or submitting to the board any information that is fraudulent, deceitful, or false. This action may result in a delay or denial of the issuance of your nursing license or registration in North Dakota, along with disciplinary action and assessed penalty fees.

In the words of Mark Twain, “When in doubt, tell the truth.”

Karla Bitz, Ph.D., RN, FRE
Associate Director
kbitz@ndbon.org

NURSE LICENSURE COMPACT

North Dakota belongs to the Nurse Licensure Compact along with 22 other states. The compact is both a licensure law and an agreement between the participating states. Twenty three states have now adopted the interstate compact. Since the nurse does not have to get a new license for temporary practice in a party state, the nurse can begin practice when needed. Elimination of the time and expense in gaining multiple licenses is a frequently cited benefit for licensees.

North Dakota Board of Nursing does not recognize reciprocity of nurse licensure through the MINNESOTA LICENSE RECOGNITION FOR NURSES FROM BORDER STATE LAW. Minnesota has not adopted the Nurse Licensure Compact. For more information on the Nurse Licensure Compact, visit the Web site www.ncsbn.org/nlc.

LICENSURE FEES: WHERE DOES THE MONEY GO?

Occasionally, nurses ask about what happens to the funds received by the Board of Nursing. The Board of Nursing deposits all fees collected in the accounts specific for board use. Every year, the Board budgets for the needs of the organization and for proposed or current projects. The board treasurer and staff closely monitor the budget. The Executive Director must defend or justify all funds requested and expended. The Board has the fiduciary responsibility for the finances and how the budget is expended.

The Board's largest source of income is from license renewal. The licensure fees finance all activities of the Board, such as, staff salaries, board expenses (per diem and travel), legal counsel, continuing education, nursing school surveys, licensure process, technology upgrades, publications, and investigations for disciplinary cases.

For the past three years, the fund balance was tapped to finance operations related to technology upgrades and increase salaries to

be competitive in the industry. Additional funding is required for new programs, such as the continued competence, background checks, and nursing shortage studies. It had been 4 years since the last increase in renewal fees.

The mission of the Board of Nursing is to protect the public and the resources, and activities to accomplish this mission are financed through your renewal fees. North Dakota license fees are some of the lowest in the nation. In July 2000, the fund balance was decreasing, and an increase in renewal fees was needed. It now has been four years since we have had an increase in renewal fees. An RN's license costs approximately 25 cents per day. For the LPN, the license averages about 21 cents per day.

Nurses are the frontline providers of healthcare and the strongest of patient advocates. To meet the charge of public protection, the Board must continually develop, update, and improve programs and services, all of which have to be funded.

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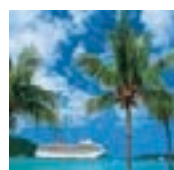
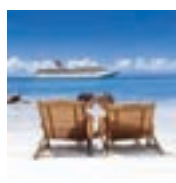
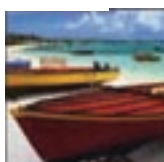
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HOW MANY NURSES DOES IT TAKE TO DEVELOP THE NCLEX-RN® EXAMINATION?

All of the Boards of Nursing (BoNs) use the NCLEX-RN® Examination to help ensure the entry-level nurse is safe to practice nursing. Therefore, it is essential that the NCLEX is current and reflects the competencies required for the newly licensed nurse. As changes in nursing practice arise, there must be changes to the examination. Developing and updating the NCLEX-RN requires many registered nurses (RNs). Using the 2005 NCLEX-RN examination cycle as an example, this article reviews the number and role of RNs contributing to each step of the examination process.

Developing the NCLEX-RN® EXAMINATION

Practice Analysis

The first step in developing the 2005 NCLEX-RN was a practice analysis (a large-scale survey of entry-level RNs (ELRNs) that described activities they perform on the job daily). To conduct the 2005 RN Practice Analysis, 10 RN subject matter experts (SMEs), who worked directly with ELRNs and represented the major nursing specialty areas and practice settings, developed a comprehensive list of nursing activities. There were 1,666 ELRNs that submitted surveys that were used in the study.

Test Plan

The second major step was an evaluation by NCSBN's Examination Committee of the *NCLEX-RN® Test Plan* using the results from the 2005 RN Practice Analysis. The Examination Committee (EC) consists of 10 RNs with many years of nursing and regulatory experience. Based on the evidence from the practice analysis, the EC determined that it was not necessary to make major revisions to the 2007 *NCLEX-RN® Test Plan*. This recommendation was then sent to NCSBN's Boards of Nursing (BoN) for feedback (59). Ultimately, NCSBN's Delegate Assembly (each BoN having two votes) approved the 2007 *NCLEX-RN® Test Plan* (118).

Standard Setting

The third major step in developing the 2005 NCLEX-RN examination involved a panel of 11 nurses who were mentors to ELRNs or were themselves ELRNs to assist in recommending an RN passing standard to NCSBN's Board of Directors (BoD). NCSBN's BoD consisted of eight RNs who had extensive nursing and regulatory experience. The results of the standard setting workshop, along with other data, were used by NCSBN's Board of Directors (BoD) to determine the 2007 NCLEX-RN passing standard.

Item Writing

These next steps are used in developing NCLEX test questions (items) on an ongoing basis throughout the year. To develop the 2005 NCLEX-RN Exam, 23 item writers served on panels. These volunteer nurses were selected from a large database of nurses and were approved by their BoN. The item writers validated the items using current nursing references such as textbooks, journals and guidelines.

Editorial Review

After item writing panels, the items were edited and a second validation was provided by the staff from NCSBN's test service (6).

Item Review

Next, groups of expert nurses working in clinical practice with ELRNs (31) reviewed the items. The item reviewers help to ensure that regional variations in the items are removed, the items reflect current practice, and the content is important and appropriate for the ELRN. The reviewers are

convened in small groups so that all of the members can participate and reach agreement to ensure that each item has one correct or best answer.

Sensitivity Panel

Another group of individuals from various ethnic and cultural backgrounds reviewed the items for sensitivity concerns, prior to pretesting. This group includes SMEs (4) and at least one RN, plus several RN consultants (3).

Pretest

Once all of these independent and mutually exclusive groups review items, the items are administered (pretested) to over 400 RN candidates to gather statistical information.

DIF Panel

Sometimes items will be flagged for Differential Item Functioning (DIF), which is an indication of potential item bias. These items are reviewed by a DIF panel consisting of members from various ethnic backgrounds, a linguist and an RN (4). Additionally, RNs serve as consultants to the group (3).

Member Board Review

The BoNs also review items in order to ensure that they are consistent with state nurse practice acts and entry-level practice expectations. BoNs can examine items semi-annually (30) and submit their comments to the EC for action.

Item Review Subcommittee

The last independent and non-overlapping group of nurses who are necessary for the development of the NCLEX examination is the NCSBN Item Review Subcommittee (18). This group of expert nurses reviews all aspects of the newly developed items once more prior to the item becoming operational (scored).

Steps in Maintaining the NCLEX-RN

While it would seem that the role of nurses in the test development process should end here, that is not the case. The currency and validation of all NCLEX items must be maintained over time. When practice changes occur, such as when CPR guidelines changed, all of the items in the NCLEX-RN item pool had to be reviewed for currency and consistency with the guidelines. Additionally, all items are reviewed on a continuing basis for currency more formally by groups of Master Pool Reviewers (12).

Lastly, it should be mentioned that throughout all of these steps, the NCLEX Examination Department's six nurses, as well as six test service nurses, reviewed and monitored all aspects of the test development process.

The NCLEX is a high-stakes examination from both the perspective of the nursing candidate who is seeking a license and from the public who expects nurses to be competent. Each step is essential in order to validate and re-validate that the exam indeed measures the entry-level competencies of registered nurses. So to answer the question, "How many nurses does it take to develop the NCLEX-RN?" The answer is... 2,428 RNs!

Getting Involved

It is critical to the NCLEX process that nurses are involved in the development of the examination. As a nurse, you can get involved by applying to be an item writer or reviewer by submitting an electronic application at <https://www.ncsbn.org/386.htm>.

Anne Wendt, Ph.D., RN

National Council State Boards of Nursing
Testing Department



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NURSING EDUCATION PROGRAMS EXECUTIVE SUMMARY

JUNE 30, 2006 - JULY 1, 2007

Nursing Education Programs in North Dakota

As of June 30, 2007, the North Dakota Board of Nursing had approved three graduate level nursing education programs designed to educate for advanced nursing practice licensure. There were seven approved baccalaureate nursing education programs and two associate degree nursing education programs designed to prepare individuals for registered nurse licensure. Additionally, there were four approved associate degree programs and one certificate program to educate for licensed practical nurse licensure.

Nursing Program Applications for Initial Approval to Full Approval:

In the fiscal year of 2006-07, the ND Board of Nursing acted on the applications of two programs for initial approval to full approval:

- North Dakota State College of Science, associate of science in nursing received full approval by the Board at the November 2007 meeting.
- North Dakota State University, a baccalaureate degree nursing program received full approval by the Board at the November 2007 meeting.

Nursing Program Applications for Initial Approval:

In the fiscal year of 2006-07, the ND Board of Nursing acted on the applications of one program for initial approval:

- North Dakota State University graduate nursing program (MS and DNP) received initial approval by the Board at the May 2007 meeting.

Admissions:

Admissions to baccalaureate nursing programs designed as preparation for registered nurse licensure totaled 473, which was ten more admissions than last year. Total admissions to associate degree programs designed as preparation for registered nurse licensure was 95, which was 23 more than last fiscal year. Admissions to education programs which qualify graduates for RN licensure increased by 33 students.

The seven baccalaureate programs accounted for 83 percent of the students seeking education for RN licensure. The ND baccalaureate programs admitted two types of applicants, basic and advanced standing. Basic applicants are individuals that were not a licensed nurse, while advanced standing means that the applicant did hold a

nursing license. ND baccalaureate programs received 681 basic applicants for admission. Of those applicants, 543 were qualified to be admitted and 422 basic applicants were accepted (78 percent). Admission of qualified basic applicants to baccalaureate nursing programs represented a two percent increase in qualified admissions over last year. Thirty-three qualified applicants were accepted, but declined admission to a ND program. Additionally, 97 individuals applied for advanced standing (those holding a nursing license) in the programs with 75 qualified for admission (77 percent), and 71 of those chose to enroll. Overall, the ND baccalaureate programs admissions increased by approximately two percent in the FY 2006-2007.

The two associate degree nursing (ADN) programs (for RN licensure) are structured by the ladder concept admitted 95 students. All of the students were admitted as advanced standing. Although some of the applicants were licensed practical nurses, others had completed a certificate PN program, but were not licensed prior to admission to the second year of the program. There were 92 total slots for the ADN programs, and there were 149 applicants, with 123 qualified for admission. Ninety-seven applicants were accepted and 95 of those enrolled. That is, 77 percent of the qualified applicants were accepted and enrolled.

The Associate in Science Practical Nursing (ASPN), Associate of Applied Science in Practical Nursing (AASPN) and Certificate Practical Nurse programs had 383 applicants, representing a 14 percent decrease in applications from last fiscal year. Three hundred and twelve of the applicants were qualified for admission (81 percent), and of those individuals, 224 were accepted for admission and enrolled into the program. Only 14 applicants were qualified, but not accepted. This is a decrease from the 21 of last fiscal year. There were 63 individuals that were accepted, but declined admission. The total number of applicants admitted increased by 15 from last fiscal year.

Enrollment:

Enrollment totals, including all levels of nursing education, increased by 28 students. The nursing programs for registered nurse licensure had an enrollment increase of 31 students in FY 2006-07. Practical nurse programs' enrollment increased by 16 students in this fiscal year. The enrollment numbers in master's degree in nursing program decreased by 19 students in the past fiscal year.

Enrollment in programs to further licensed nurses' education indicated there were a total of 93 LPN or PN program graduates enrolled in ADN programs, while there were 135 LPNs seeking a BSN degree, which is an increase of 22 individuals from the 2005-06 report. Twenty-eight RNs were enrolled in BSN programs to further their education.

Similar to the past fiscal year reports, non-minority females comprised the majority of students enrolled in all levels of nursing programs. There were 43 minority students reported in practical nurse programs, thereby making up 13 percent of the students (increased by six percentage points from 2005-06 FY). Three minority students were enrolled in ADN programs, which comprised three percent of the students. The 83 minority students in baccalaureate programs made up seven percent of the enrollees. Minority students (n=20) in graduate programs represented 11 percent of the student population.

Male students (n=20) represented six percent of the students enrolled in practical nurse programs. The ADN programs had five males enrolled for five percent of the students. Baccalaureate programs were represented by males at a slightly higher rate of 10 percent (n=116). Male students (n = 25) made up 14 percent of the total graduate program enrollment.

Graduates:

There were a total of 160 graduates from the practical nurse programs, which increased from last fiscal year by eight graduates. The only certificate program in North Dakota had a graduating class of 73, while the combined number of graduates from the four associate degree practical nursing programs was 87.

There were 72 more individuals that graduated from programs designed as preparation for RN licensure. Ninety ADN students graduated, qualifying them for RN license by examination. An additional 445 individuals graduated from the ND baccalaureate programs for a total of 535 graduates from programs preparing for RN licensure. There was an increase of approximately 14 percent in graduates that would qualify for RN license by examination.

Approximately 83 percent of the BSN graduates completed a basic program, while 15 percent completed an LPN to BSN program and one percent completed an ADN to BSN program. All of the ADN graduates were educated as a practical nurse prior to entering the program.

Overall, the largest age group represented by

695 graduates of undergraduate programs consisted of those aged 24 and below (54 percent). The basic BSN programs represented the largest range in numbers of graduates in the age 24 and below group (71 percent), compared to the age 41 and above group (four percent). The age groups of 24 and below and 25-30 were equally divided in the certificate PN graduates, comprising 64 percent of the certificate graduates. This compares to 50 percent of the AASPN graduates that were reported to be in the 24 and below age group. The LPN-ADN graduate group were relatively equally divided among all age groups.

There were eight more graduates from graduate nursing programs. The 24 Nurse Practitioner (NP) graduates represented the largest number of masters' degree graduates, increased from 18 NP graduates FY 2005-06. Two specialties comprised the second largest groups of graduate degrees (14 graduates from the nurse anesthesia program and 14 from the nurse educator track). Age was not trended in the masters' degree programs.

NCLEX® Examination Pass Rates of First Time Candidates:

The overall FY 2006-07 North Dakota NCLEX-PN® pass rate was 95 percent, which was nearly eight percent higher than the national average. In FY 2006-07, the NCLEX –RN® pass rate (88.5 percent) for the ND programs improved by over two percentage points from the previous FY, and was one percent higher than the national average.

Faculty:

The practical nurse programs reported a total of 71 faculty members. Only 32 percent (n=23) of the faculty were hired as full-time. Eighty-seven percent of the 23 full-time faculty members held a minimum of a master's degree in nursing, while 12 percent of the 48 part-time were prepared with a master's degree in nursing or higher. The practical nurse programs reported six full-time openings for faculty prepared with a minimum of a master's degree in nursing and two part-time openings for faculty prepared with a minimum of a BSN for clinical instruction.

The ADN programs reported a total of 23 faculty members. Eleven of the faculty members were full time, and ten of these individuals held at least a master's degree, while the one with a baccalaureate degree participated in the Nurse Faculty Intern Pilot Study. Five full-time and one part-time opening for faculty with a minimum of a master's degree in nursing were reported by the two ADN programs, both of which partner with PN programs.

The baccalaureate degree programs reported 215 faculty members (including 29 nurse faculty

interns). Forty-six percent (n=99) were employed full-time, and 53 percent (n=116) were reported as part-time. The majority (73 percent) of the baccalaureate faculty members were prepared at the level of a masters' degree in nursing or higher. In fact, 17 percent of the full-time faculty members held a doctoral degree in nursing and 16 percent a doctorate in another field. Two percent (n=2) of the full-time faculty members are reported to have held a bachelors degree in nursing as the highest degree, both of these individuals participated in the Nurse Faculty Intern Pilot Study.

Twenty-six percent (n = 30) of the part-time faculty members (including 27 nurse faculty interns) held no more than a bachelor's degree. The baccalaureate nursing programs report a total of ten full-time and eight part-time faculty openings, with seven full time and two part-time openings designated for doctoral prepared faculty only.

Contact Information:

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